chlorate or nitrate, and antisepsis of the lower urinary tract, are those of choice. The objections to local treatment are obviated when strict antisepsis is obtained, and pain is not caused if the bladder is not distended. A warmed 2 per cent. solution of boric acid is unirritating.—*La Chirurgie contemporaine des Organes Genito-urinaires*, 1894, No. 5. p. 140.

RECTAL INJECTIONS OF CREOSOTE IN PHTHISIS.

DR. CH. ELOY presents the various formulas which have been proposed, considering as one of the best that of Tisné and Simon: Pure beechwood creosote 0.40, iodoform 0.005, salol 0.40, dissolved in pure olive oil, 10. The injection is to be made each day through a rectal tube, the patient being in the left lateral decubitus; the solution is to be warm; the injection must be made slowly, and carried as high as is possible. The absorption is rapid. When intestinal symptoms arise this method must be abandoned. No remedy is more difficult to manage than creosote, and the degree of tolerance is variable, even for the same individual.—*Journal des Praticiens*, 1894, No. 49, p. 559.

THERMODINE.

DR. SCHMITT describes this substance as occurring in white pointed crystals, without odor and almost tasteless, although upon trituration there is developed a special aromatic odor, and after some seconds, if a fragment is placed upon the tongue, a persistent bitter taste is perceived. It is slightly soluble in cold (1 : 2600), more easily in warm water (1 : 450); but readily in alcohol, ether, benzin, carbon disulphide, and chloroform. While physiological researches have demonstrated the harmlessness of doses, even relatively large, in healthy men, they have also determined its method of elimination. It is absorbed with the aid of the lactic acid of the stomach, is decomposed slowly in the economy into amidophenol, which is eliminated in the urine, probably also in the perspiration and possibly in the saliva. A small proportion, if the dose is large, may be eliminated unchanged. The dose employed at which anti-thermic effects have been manifest is between six and seven grains. On twenty-nine patients, suffering from typhoid fever, influenza, tuberculosis, articular rheumatism, and pneumonia, the effect was found to be a gradual fall of temperature, commencing generally within an hour after its administration; this fall is gradual, reaching its lowest point within about two hours. This point is retained up to the third or fourth hour, when the ascent takes place in the same regular and slow manner as the fall, and the initial degree is reached generally in from seven to nine hours after the administration of the drug. The extent of the fall of temperature depends somewhat upon the dose. Five grains in tuberculosis does not always give appreciable results. Eight grains are usually sufficient; tuberculosis is more easily influenced and with smaller doses than is typhoid fever, and pneumonic fever is less amenable to this drug. The pulse curve follows closely that of the temperature, although the pulse may be influenced later than the temperature as regards the diminution of the number of beats, but it is likely to become accelerated as soon as the temperature commences to rise. Sometimes the pulse-rate remains unchanged although there is a notable lowering of temperature. There have been no accidents in the use of this drug which are worthy of record; no gastric disturbances, vomiting, cyanosis, nor collapse. Occasionally sweating, and more rarely chilly sensations, have been noted. The drug apparently does not modify the hæmoglobin. The remedy has been generally administered in the morning in a single dose, and the quantity has been from the amount above named up to (rarely) fifteen grains. In conclusion, it can be said that thermodine is an antipyretic without danger, constant in its action, but very slow in producing this effect, and its results are sufficiently prolonged. It presents certain advantages over phenacetine, although it is inferior to it in activity, and it is expensive.—*Les Nouveaux Remèdes*, 1894, No. 9, p. 194.

The Action of Cold upon Chlorotic Women.

Dr. Augusto Murri has found that in chlorotic women the action of a lower external temperature is a disadvantage, while cold douches or sea-bathing is, in these same women, a valuable remedy. These patients, on the approach of winter, take to their beds and present the classical signs and symptoms of the disease, which the author terms winter chlorosis. These cases also show a tendency to relapse with each approach of the cold season. The beneficial results of cold baths in these cases is explained by the observations of Rovighi and Winternitz, which showed that these increased the number of red-blood globules, and the functional activity in the vasomotor apparatus is increased. This, then, explains the apparently paradoxical statement.—*Internationale klinische Rundschau*, 1894, Nos. 17, S. 593; 21, S. 756.

The Use of Ergotine in Pulmonary Tuberculosis.

Dr. T. Crocq has, in common with many other practitioners, made use of ergotine for the purpose of checking hæmoptysis. At times, believing that hemorrhage was likely to recur, he has used this remedy as a preventive. In such cases he has noticed that the expectoration and feelings of oppression were less and the general condition of the patient showed an improvement which was to be explained by the vaso-constrictor action of the drug, relieving the congested condition of the tissues. It also will check the inflammatory processes and, so long as it is well borne by the stomach, favor nutrition. Bonjean's ergotine is administered in from eight to sixty grains per day, in a mixture, or in pills, one and one-half to three and one-half grains, three or four times daily, or, finally, in subcutaneous injection, from eight to fifteen grains.—*Internationale klinische Rundschau*, 1894, No. 21, S. 745.

An Apparatus for Narcosis.

Dr. Vajna presents a glass apparatus in the form of a truncated cone, the facial extremity broader and furnished with a rubber edge which fits closely upon the face. The distal extremity is covered with flannel, which absorbs and prevents the evaporation of the substance used. It possesses the advantages of easy cleansing, its transparency permits constant inspection of the face, the evaporation of the anæsthetic is prevented, and economy secured; the desired proportion of air and anæsthetic vapor is secured, the anæsthetic cannot burn or otherwise injure the face, and it is applicable to all kinds of anæsthetics.—*Gazette hebdomadaire*, 1894, No. 21, p. 246.